

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000483

1. Entity Name

PROBATIONER'S EDUCATIONAL GROWTH ADVISORY COUNCIL  
L, INC.

Principal Place of Business

7621 LITTLE RD  
STE D150  
NEW PORT RICHEY FL 34654  
US

Mailing Address

7621 LITTLE RD  
STE D150  
NEW PORT RICHEY FL 34654  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3192064

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLASS, BRENDA J  
7621 LITTLE RD  
STE D150  
NEW PORT RICHEY FL 34654

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME TEPPER, JUDGE L  
STREET ADDRESS 38053 LIVE OAK AVE RM 106C  
CITY-ST-ZIP DADE CITY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME BAREISS, ROBERT A  
STREET ADDRESS 10301 BELLWOOD AVENUE  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME JENKINS, SALATHEIA  
STREET ADDRESS 26 E. UNIVERSITY AVE  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ED  
NAME GLASS, BRENDA  
STREET ADDRESS 7621 LITTLE ROAD, STE 200  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME LYNCH, RICHARD  
STREET ADDRESS 102 DOGWOOD LN  
CITY-ST-ZIP SHEPHERDSTOWN WV 25443

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BRADLEY, NANCY E  
STREET ADDRESS 7825 N DALE MABRY, STE 200  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 2002 727-816-1353

Date

Daytime Phone #

CR2E037 (9/01)